

# NSSAR RECORD COPY REQUEST FORM

## NSSAR Member's Application Record Copy Only

### NATIONAL POLICY:

- The NSSAR restricts fulfilling requests of application copies and ancestor information of living NSSAR members to:
  - Members of the NSSAR and NSDAR
  - Prospective members of the NSSAR may order a record copy through a Chapter or State Registrar or other NSSAR member assisting them with an application.
  - The Genealogist for the N.S.C.A.R.
  - NSSAR Genealogist General or Registrar General
  - The NSDAR Staff Genealogist/Registrar.

### NOTE:

- All fees charged for a search/copy are non-refundable.
- Only one (1) application copy per form may be requested.
- All orders must be prepaid by one of the payment methods listed below.
- By ordering a record copy, the requesting party certifies the record copy is to be used for genealogical or NSSAR membership purposes only.

### INSTRUCTIONS:

1. Complete the section below, providing all known data, including any possible variant spellings.
2. Carefully print or type your name and address legibly. Any Request Form that cannot be read will be discarded.
3. DO NOT use this form for any research service requests other than for Record Copies of member applications. (All copies provided will be Record Copies, even if not so noted, as those are the only copies maintained by the National Society.)

Full name of Member (if known) whose application is requested:

NSSAR National Number:  ☐ Living ☐ Deceased Date of Death (if known):

**The P-Number from the Patriot Search page is not a National Number and cannot be used to order Record Copies**

Name of State Society and Chapter:

Revolutionary Ancestor from whom descent was proved:

### NAME AND ADDRESS OF REQUESTOR:

Name:		SAR/DAR Nat #:	
Mailing Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone or Fax:	Email:

**FEE:** (Please check one) ☐ Electronic copy \$10.00 (non-refundable) or ☐ Mail or Fax copy \$15.00 (non-refundable)

### METHOD OF PAYMENT:

☐ Cashier's Check ☐ Money Order ☐ Check (Payable to NSSAR) Amount Enclosed:

☐ Please charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ AmericanExpress

Card Number:  Expiration Date:  Security Code:

Signature:  Date:

The typed signature above is my authorized signature.

**MAIL REQUEST FORM TO: NSSAR, 1000 S. 4TH STREET, LOUISVILLE, KY 40203**

*Please allow two (2) to four (4) weeks after submitting your order to receive your copy(ies).*